U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 1/576	2. Fiscal Year Covered From:		
Y	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name David E Moran	Name IBEW Local Union 306		
	Labor Organization File Number 007-531		
P.O. Box, Bldg., Room No., if any Suite 200	P.O. Box, Building and Room Number, if any Suite 200		
Street 2650 S. Main St	Street 2650 S. Main St.		
City Akron	City Akron		
State Ohio ZIP Code + 4 44319-1883	State Ohio ZIP Code + 4 44319-1883		
5. Position in labor organization.			
(except as specified in the exclusion A. Held an interest in, engaged in transactions (including loans) with, or or	use or minor child directly or indirectly had any of the following interests slons set forth in the instructions): derived income or other economic benefit of		
except as specified in the exclusion (except as specified in the exclusion)	use or minor child directly or indirectly had any of the following interests sions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	sions set forth in the instructions): derived income or other economic benefit of on represents or is actively seeking to represent.		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any).	sions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or or monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name	sions set forth in the instructions): derived income or other economic benefit of on represents or is actively seeking to represent.		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any).	sions set forth in the instructions): derived income or other economic benefit of on represents or is actively seeking to represent.		
A. Held an interest in, engaged in transactions (including loans) with, or or monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any:	sions set forth in the instructions): derived income or other economic benefit of on represents or is actively seeking to represent.		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount. Perjury and other applicable penalties of the law, that all of the information ing documents), has been examined by the signatory and is, to the best of the		

Date

Telephone Number

Name of Person Filing David Moran	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name American Benefit Corporation Trade Name, if any:	9. Business deals with: a. Labor Organization b. Trust c. Employer			
10. If 0 h, or 0 c, is checked aive trust or employer's name	11.a. Nature of such dealing.			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name 4th District IBEW Health Fund Trade Name, If any: P.O. Box, Bldg., Room No., if any P.O. Box 2967 Street City Huntington State West Virginia ZIP Code + 4 25729-2967	01/19/2004 Trustee Meeting 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income rece	\$64		
	12.b. Amount.			
C. Received from any employer (other than an employer covered unde				
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	14.a. Nature of payment.			
State ZIP Code + 4	14.b. Amount of payment.			

Name of Person Filing David Moran	File Number U-
5 Bavia Motan	

8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name American Benefit Corporation	a. Labor Orgar	nization	
Trade Name, if any:	b. Trust		
P.O. Box, Bldg., Room No., if any P.O. Box 2967	b. Trust		
Street	c. Employer		
City Huntington			
State West Virginia ZIP Code + 4 25729-2967			MANAGEMENT AND THE CONTROL OF THE CO
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dea	aling.	743
Name 4th District IBEW Health Fund	02/13/2004 Tr	ustee Meeting/Hote ustee Meeting/Airf ustee Meeting/Dinr	are 224.50
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any P.O. Box 2967			
Street	The second secon		And but halo a section of the sectio
City Huntington			
State West Virginia ZIP Code + 4 25729-2967	11.b. Approximate dollar v	value of such dealing.	\$1,320
	12.a. Nature of interest h	eld or income received.	holoshinah hillip a arliinininin a a 1990 arras ann ann an air a da ann an an aithir 188 ann an
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		arii ariikii daa dha ka	
	12.b. Amount.	New Andrews	

Name	of Persor	Filina	D4 2	14
Maille	01 61901	Francy	David	Moran

File Number U-

Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:	-
Name American Benefit Corporation	a. Labor Organization	
Trade Name, if any:	Section 1.	
P.O. Box, Bldg., Room No., if any P.O., Box 2967	b. Trust	
Street	c. Employer	
City Huntington		
State West Virginia ZIP Code + 4 25729-2967		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	Famolysiskindingstead to to severy managements and the temperature of the security of the security of the sec
Name 4th District IBEW Health Fund	03/15/2004 Trustee Meeting/Hot 03/15/2004 Trustee Meeting/Dir	
Trade Name, if any:	roadkanken milioteren sint kende kesseure kan Lingus kome an milioteren kan distribus op araben kende	
P.O. Box, Bldg., Room No., if any P.O. Box: 2967		
Street		
City Huntington		
State West Virginia ZIP Code + 4 25729-2967	11.b. Approximate dollar value of such dealing.	\$293
	12.a. Nature of interest held or income received.	
	12.b. Amount.	

Name of Person Filing David Moran	File Number U-

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name American Benefit Corporation	a. Labor Organization
Trade Name, if any:	Account
P.O. Box, Bldg., Room No., if any P.O. Box 12976	b. Trust
Street	c. Employer
City Huntington	
State West Virginia ZIP Code + 4 25729-2967	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name 4th District IBEW Health Fund	6/10/2004 Trustee Meeting/Dinner 48.19
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any P.O. Box 2967	
Street	
City Huntington	
State West Virginia ZIP Code + 4 25729-2967	11.b. Approximate dollar value of such dealing. \$48
	12.a. Nature of interest held or income received.
	12.b. Amount.

Name of Person Filing David Moran	File Number U-

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name American Benefit Corporation	a. Labor Organization	
Trade Name, if any:	beautouril	
P.O. Box, Bldg., Room No., if any P.O. Box 2976	b. Trust	
Street	c. Employer	
City Huntington		
State West Virginia ZIP Code + 4 25729-2967		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name 4th District IBEW Health Fund	09/09/2004 Trustee Meeting/Hotel 09/09/2004 Trustee Meeting/Dinner	146.42 56.30
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any P.O. Box 2967		
Street		
Clty Huntington		
State West Virginia ZIP Code + 4 25729-2967	11.b. Approximate dollar value of such dealing.	\$203
	12.a. Nature of interest held or income received.	
	12.b. Amount.	representation procession in 1904 (f

Name of Person Filing David Moran		File Number U-

8. Name and address of Business (including trade name, if any).	9. Business deals with:	-
Name American Benefit Corporation	a. Labor Organization	
Trade Name, if any:	(control)	
P.O. Box, Bldg., Room No., if any P.O. Box 2976	b. Trust	
Street	c. Employer	
City Huntington		
State West Virginia ZIP Code + 4 25729-2967		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name 4th District IBEW Health Fund	10/06/2004 Trustee Meeting/Airfa	ire 197.50
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any P.O. Box 2976		
Street		
City Huntington		
State West: Virginia ZIP Code + 4 25729-2967	11.b. Approximate dollar value of such dealing.	\$198
	12.a. Nature of interest held or income received.	
	12.b. Amount.	

Name of Person Filing David Moran	File Number U-

Name and address of Business (including trade name, if any).	9. Business deals with:
Name American Benefit Corporation	a. Labor Organization
Trade Name, if any:	- Amazonia
P.O. Box, Bldg., Room No., if any P.O. Box 2967	b, Trust
Street	c. Employer
City Huntington	
State West Virginia ZIP Code + 4 25729-2967	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name 4th District IBEW Health Fund	12/08/2004 Trustee Meeting/Dinner 130.93
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any P.O. Box 2967	
Street	
City Huntington	
State West Virginia ZIP Code + 4 25729-2967	11.b. Approximate dollar value of such dealing. \$131
	12.a. Nature of interest held or income received.
	12.b. Amount.

Name of Person Filing David Moran		File Number U-

8. Name and address of Business (including trade name, if any).	9. Business deals with:	•
Name Putnam Investments	a, Labor Organization	
Trade Name, if any:	(Some of the state	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street Investor is Way	c. Employer	
City Norwood		
State Massachusetts ZIP Code + 4 02062-1584		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	######################################
Name Local 306 IBEW Pension Annuity Fund	Dinner Meeting 03/26/1004	108.25
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 33 Fitch Blvd.		
City Austintown		
State Ohio ZIP Code + 4 44515-2202	11.b. Approximate dollar value of such dealing.	\$108
	12.a. Nature of interest held or income received.	State Manager 1/2 Grader or Indicatory of the control of the contr
	12.b. Amount.	

Name of Person Filing David Moran	File Number U-
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8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Putnam Investments	a. Labor Organization	
Trade Name, if any:	Apontatives]	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street Investor is way to the control of the contro	c. Employer	
City Norwood		
State Massachusetts ZIP Code + 4 02062-1584		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	ystery war yn cyfrys y taethau ar mei ster y dae'n dae'n a dae'n y dae'n a dae'n dae'n dae'n dae'n dae'n dae'n
Name Local 306 IBEW Pension Annuity Fund	Dinner Meeting 06/15/2004	89.38
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 33 Fitch Blvd.		
City Austintown		
State Ohio ZIP Code + 4 44515-2202	11.b. Approximate dollar value of such dealing.	\$89
	12.a. Nature of interest held or income received.	
	12.b. Amount.	asen visas in premiera se en en la compania de la compaña de la compaña de la compaña de la compaña de la comp La compaña de la compaña d
	12.D. Amount.	And the second s

Name of Person Filing David Moran File Number U-
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8. Name and address of Business (including trade name, if any).	9. Business deals with:	-
Name Putnam Investments	a. Labor Organization	
Trade Name, if any:	bases for	
P.O. Box, Bidg., Room No., if any	🔀 b. Trust	
Street Investor's Way	c. Employer	
City Norwood		
State Massachusetts ZIP Code + 4 02062-1584		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	istalis de vices de vices paracides e respector como de como en sector como que por como en processor de vices
Name Local 306 IBEW Pension Annuity Fund	Dinner Meeting 12/03/2004	106.67
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 33 Fitch Blvd		
City Austintown		
State Ohio ZIP Code + 4 44515-2202	11.b. Approximate dollar value of such dealing.	\$107
	12.a. Nature of interest held or income received.	
	12.b. Amount.	

Name of Person Filing David Moran	File Number U-

8. Name and address of Business (including trade name, if any). Name Putnam Investments Trade Name, if any: P.O. Box, Bldg., Room No., if any Street Investor's Way City Norwood State Massachusetts: ZIP Code + 4 02062-1584	9. Business deals with: a. Labor Organization b. Trust c. Employer	-
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Local 306 IBEW Pension Annuity Fund Trade Name, if any:	Dinner Meeting 12/14/2004	44.40
P.O. Box, Bldg., Room No., if any Street 33 Fitch Blvd. City Austintown		
State Ohio ZIP Code + 4 44515-2202	11.b. Approximate dollar value of such dealing.	\$44
	12.a. Nature of interest held or income received.	AND AND PRODUCE AND
	12.b. Amount.	

	O Business deals with	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	•
Name Akron Area Electrical JATC		
	a. Labor Organization	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any Suite 100	b. Trust	
F.O. BOX, DIOG., NOOM NO., II ally Silife EQUI:	(Employer	
Street 2650 S. Main St.	c. Employer	
City Akron		
State Ohio ZIP Code ÷ 4 44319-1883		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
	Graduation Banquet/Speaker 09/24/	/2004 44.00
Name Akron Area Electrical Joint Apprenticeship a		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any Suite 100		
Street 2650 S. Main St.		
A control of the cont	emitrolikenik ikulenten in landen in den etakan zasan eta in landen in landen in landen in landen in landen in	
City Akron		
State Ohio ZIP Code + 4 44319-1883	11.b. Approximate dollar value of such dealing.	\$44
	12.a. Nature of interest held or income received.	
		JySgliissyjstehdadjejateschestus)
	12.b. Amount.	